



Community health worker Gracilia Mondésir Senat (with megaphone), announces the beginning of an educational health rally meeting in the Bas Aviation neighborhood of Cap-Haitien. With her are Konbit Sante volunteer Nancy Nickerson, RN, ANP (center), and *agents sante* supervisor Miguelle Antenor, RN.

## Addressing Both Short-Term and Long-Term Needs

Our profound thanks to all who have given us encouragement and support following the January 12 earthquake in Haiti. To date, donations to Konbit Sante's earthquake response fund total more than \$400,000.

The facilities where we work, on the northern coast of Haiti, are about 85 miles from the epicenter and were not directly physically affected by the earthquake. However, the devastation is still being felt throughout the country. For weeks after the earthquake, hundreds of critically injured patients came to Cap-Haitien to receive care, and an estimated 40,000-50,000 people have migrated to the area. Many came to stay with friends or family, but many others were taken in by total strangers who opened their homes to help. The already-fragile and under-resourced health system is being stretched even further by this influx of people.

### **Responding to Immediate Needs**

Immediately after the earthquake, the Haitian public health system's regular governmental support from Port-au-Prince was cut off. Because of your donations, Konbit Sante was able to address urgent needs by setting up a rapid purchasing capability through the Dominican Republic. Fuel for generators, x-ray film and radiology supplies, orthopedic materials for urgent surgeries, blood donation bags for the blood transfusion system, and essential medicines were all quickly provided with these funds. The funds also helped transport injured people from Port-au-Prince and supported local authorities' efforts to provide triage and minor treatment at a center for earthquake victims.

Public medical facilities were mandated to provide free care for all earthquake victims during the time all governmental support from Port-au-Prince was cut off. Konbit Sante was able to replace this lost patient fee income, allowing the facilities to have some basic cash flow and keep functioning.

As World Food Program food supplies were redirected to the earthquake zone, Konbit Sante provided food for 500 earthquake-affected people in the north each day through a partner organization. Funds are also being used to provide a hot meal each day for 140 medical interns and residents who

provide a great deal of the medical care at the Justinian Hospital but who have not received their government salaries since January. Most of them have also lost the financial support from their families in Port-au-Prince.

Many Konbit Sante volunteers have already helped in areas of great impact — orthopedic trauma and wound care, psychiatry, pediatrics, women's health, nursing, and public health. In addition, these volunteers and our staff are working with their Haitian colleagues and community leaders to assess longer-term impacts on health.

**“We will never forget the help of Konbit Sante. After the earthquake, there was no one to help us; there was no one in Port-au-Prince, but Konbit Sante was there. We were out of everything. It was an historic moment, unforgettable, full of emotion.”**

*Dr. Jean Gracia Coq, Medical Director, Justinian University Hospital, Cap-Haitien, Haiti*

Because of our long-term relationship and knowledge of its needs, the administration of the Justinian Hospital asked us to help coordinate the non-governmental agencies who were providing materials and volunteers. We were also asked by local authorities to assist the Ministry of Health in the north to coordinate the earthquake response in the area through a newly formed Health Commission.

### **What's Ahead**

Now we are beginning to address the longer-term priorities identified by the Health Commission, our Haiti board, our Haitian staff and colleagues, as well as our U.S. staff, volunteers and board by committing earthquake funds to the following projects:

- Building an orthopedic and rehabilitation facility at the Justinian Hospital. Rehabilitation and orthopedic needs will be a priority for many years, so we are committing a significant level of funds to leverage a much larger grant.
- Lack of sterilization capacity currently causes serious delays in surgical care at Justinian Hospital. Konbit Sante's infrastructure team will more than double the sterilization capacity in the operating rooms at the hospital within the next few months, and we are working on longer-term plans to build

surgical capacity through surgical/orthopedic partnerships.

- Sending a donated mobile medical unit to Haiti to be used by a partner organization to provide rehab services in outlying areas.
- Hiring a full-time nurse to be trained in wound care who will serve as a resource for the entire hospital. With support from colleagues in the U.S., this nurse specialist will provide patient care and also cross-train other surgical and emergency nurses.
- We have already leveraged more than \$40,000 worth of donated medical supplies and will devote some earthquake funds to expand the system for management and distribution of these valuable resources.
- Adding a nurse and additional community health workers to our existing eight to provide community outreach, education, vaccinations, and disease control and to help address the public health issues that come with a dramatic increase in displaced people moving into the area.
- Collecting community-based data in Haiti has always been problematic. A small investment of earthquake funds will allow us to provide the technology and training to survey internally displaced persons, assess needs, and track diseases.
- We are committing funds to support psychological care and support for people experiencing post-traumatic syndromes, and are seeking additional grant funds to supplement ours.
- In addition, we have committed some

resources to building latrines in the camps in Port-au-Prince.

Our deep appreciation to all of you who have contributed to our earthquake fund as well as supporting our ongoing programs. We are grateful to the many businesses and employees, individual donors, foundations, students, teachers, story tellers, musicians, dancers, hockey players, restaurateurs, and many others who have responded to the needs of our brothers and sisters in Haiti. To all of you who have given us your support, we promise we will be good stewards. We have deep respect for the people of Haiti and we're committed to being there for the long haul.



Konbit Sante volunteer wound care nurse, Marieta Atienza, RN from Maine Medical Center (left) redresses a wound in the surgical unit at Justinian Hospital.

# Maine Walks for Haiti

**Please Join Us for a Walk around  
Portland's Back Cove  
June 5 to Support Konbit Sante!**

Mark your calendars and spread the word, invite family and friends to join you. This is a great opportunity for school teams or clubs or groups of friends to form teams to walk to support Konbit Sante's programs in Haiti. The event, organized and hosted by Konbit Sante, will include Haitian music by guitarist/songwriter "Gifrants," a capella songs from many countries by ZEMYA, and a healthy walk around the 3.5- mile Back Cove trail. Please visit [www.mainewalksforhaiti.org](http://www.mainewalksforhaiti.org) (or contact



**JUNE 5, 2010**

Danny Muller at Konbit Sante at 207-347-6733 or [danny@konbitsante.org](mailto:danny@konbitsante.org) and sign up to support Konbit Sante!

## HAITIAN PROVERB

### Men anpil, chay pa lou.

**With many hands, the load is not heavy.**

*In Haiti, the chay can refer to building a house, planting fields, or any heavy work. We like this proverb because it relates to the concept of a konbit – working together, sharing the load, helping one another.*

## How You Can Help

Konbit Sante depends on the generous donations from individuals and organizations to fund its programs in Haiti. Donations of cash, stocks, or in-kind items are greatly appreciated.

## May we send you occasional E-news?

It's easy, it's green, and it saves money. To receive electronic updates please send your name and email address to [info@konbitsante.org](mailto:info@konbitsante.org). We welcome your comments: [info@konbitsante.org](mailto:info@konbitsante.org).

## The Konbit Sante newsletter is published by:

Konbit Sante Cap-Haitien Health Partnership, P.O. Box 11281, Portland, ME 04104, USA  
Phone: 207-347-6733 • Fax: 207-347-6734 • E-mail: [info@konbitsante.org](mailto:info@konbitsante.org)

**Konbit Sante Cap-Haitien Health Partnership is a 501(c)3 not-for-profit corporation organized in the State of Maine.** Contributions are tax-deductible and can be made to Konbit Sante, P.O. Box 11281, Portland, ME 04104.

## Our Mission: To support the development of a sustainable health care system to meet the needs of the Cap-Haitien community with maximum local direction and support.

Started in 2000, Konbit Sante Cap-Haitien Health Partnership's mission is to save lives and improve health care in northern Haiti. To that end, Konbit Sante volunteers and staff work in collaboration with Haitian clinicians and administrators to build local capacity in all aspects of the health system — from door-to-door community outreach programs, to strengthening community health centers, to improving care at the regional referral hospital. In Haitian Creole, a *konbit* is a traditional Haitian method of working together to till your friends' fields as well as your own — working together toward a common goal. The word *sante* means health.

To learn more about Konbit Sante-supported partnerships and programs in disease prevention, pediatrics, women's health, procurement and management of medical equipment and supplies, improvement of water quality at the regional hospital, community collaborations and more, please visit [www.healthyhaiti.org](http://www.healthyhaiti.org).

## Board of Directors:

**President:**  
Hugh Tozer

**Vice President:**  
Wendy Taylor

**Secretary:**  
Malcolm Porteous  
Rogers, MD

**Treasurer:**  
Michael Kilmartin

**Founder and President Emeritus:**  
J. Michael Taylor, MD, MPH

**Directors:**  
Warren Alpern, MD  
Michael Coughlin  
Brian Dean Curran  
Samuel Broaddus, MD  
Deborah Deatrack, MPH  
John Devlin, MD  
Skeek Frazee  
Polly R. Larned, RN  
Stephen Larned, MD  
Eva Lathrop, MD  
Ann Lemire, MD  
Donald E. Nicoll  
Michael J. Ryan  
John Shoos

**Clerk:**  
Peter Plumb, Esq.

## U.S. Staff:

**Executive Director:**  
Nathan M. Nickerson,  
RN, DrPH

**Program Specialist:**  
Marianne Ringel

**Operations Management:**  
Emily Gilkinson  
Danny Muller

## Haiti Staff and Providers:

**In-Country Program Manager:**  
Emmanuela T. Norcéide  
Béliard, RN

**Internal Medicine Educator:**  
Michel Pierre, MD

**Pediatric Educator:**  
Paul Euclide Toussaint, MD

**Pediatrician:**  
Rony Saint Fleur, MD

**Pediatric Nurse Educator:**  
Marie Ivanne Durosier, RN

**Obstetrician/Gynecologist:**  
Youseline Telemaque, MD

**Lab Technician, FSM:**  
Mariette Prosper

**Agents Sante Supervisor:**  
Miguelle Antenor, RN

**Agents Sante, JUH Pediatrics:**  
Ludovic Edward  
Duraisin Sadrack

**Agents Sante, FSM:**  
Bette Blanc  
Odile César  
Dorelus Flore  
Wiguensen Joseph  
Jean-Claude Obas  
Lyvens Pean  
Nestly Saint Croix  
Gracilia Mondésir Sénat

**Stock Manager, Justinian Hospital:**  
Isemanie Lucien  
Katie Deslandes

**Supply-Chain Coordinator:**  
Nadine Mondestin

**Bookkeeper:**  
Ruddy Emmanuel Adeca

**Electrical Consultant:**  
Josue Limprevil

**Computer Consultant:**  
Jose Raymour

**Chief Translator:**  
Edy Joseph



A young patient is recovering from his injuries in the busy surgical unit at Justinian Hospital.

*If you would like to be removed from  
this mailing, please call 207-347-6733.*

P.O. Box 11281, Portland, ME 04104 USA

**Konbit Sante**  
CAP-HAITIEN HEALTH PARTNERSHIP

Non-profit Org.  
US Postage  
PAID  
Portland, Maine  
PERMIT #348



A PARTNERSHIP TO SAVE LIVES AND IMPROVE HEALTH CARE IN NORTHERN HAITI



An estimated 30,000–40,000 people have migrated from the capital to Cap-Haitien since the earthquake — living with friends, relatives, or strangers — causing more crowding in these already overcrowded neighborhoods.

## After the Earthquake

Dear Friends,

As you know, Haiti has recently suffered the immense calamity of an extremely destructive earthquake that struck at the very core of the social, cultural, economic, political, and population center of the country. The toll in human lives and injury, and destroyed infrastructure, is still not fully understood. In Haiti, January 12, 2010 is now referred to as *jou la*, or “the day,” in recognition of how pivotal this day was, and will be, for the country. This newsletter includes a number of reflections from Konbit Sante volunteers, staff, and partners, on their experiences working together in Cap-Haitien, outside the epicenter, to respond to the situation in the immediate aftermath of this event, and our plans going forward.

Konbit Sante is, by any measure, a small organization that could not have done what the large international relief and governmental agencies could do in terms of deploying massive humanitarian aid needed to respond to the overwhelming numbers of casualties. On the other hand, we learned that small organizations with long-term and deep relationships and intimate knowledge of people and systems in Haiti also have a very significant role to play. In the earthquake zone itself, small organizations with strong community ties were able to assist in areas that were off limits to the larger organizations.

In Cap-Haitien, we were able to assist our partners in the public system to make a significant contribution in caring for their own people in this time of great need. Unlike the many private charitable organizations working in Haiti who immediately experienced a great outpouring of support and resources, almost no one gave direct support to the public hospitals and clinics. Our partners in the public system were faced with the real

possibility of being almost completely sidelined in the response effort for lack of resources. Thankfully, with your generous support we were able to provide targeted material resources and supportive volunteers quickly that enabled our partners to contribute to their full and considerable potential. To us, this is what *konbit* is about, and what capacity building is.

The immediate rescue efforts are now over, and many of the rescue organizations have left the country. Now the attention has turned to the enormous humanitarian and rebuilding challenges. Some people in Haiti are even talking with guarded optimism about the opportunity to ‘rebuild right.’ This opportunity has come at such extraordinary cost that it is imperative that it is indeed done right. This disaster exposed again an extremely fragile public health care system, and an almost entirely unmanaged and non-coordinated private charitable sector that will need to be strengthened in the aftermath. There is much talk about contingency planning for every type of natural disaster that Haiti faces — and these disasters are varied and destructive. The first priority, however, must be to have an adequately resourced, functional health system in place that can take care of the basic needs of the population before trying to build the capacity to deal with extraordinary events. If this earthquake has taught us anything, it is that a house needs to be built on a good foundation and be well-constructed of the right materials if it is to weather the challenges. With your help, doing what we can to strengthen that base in the health system in Northern Haiti will continue to be our mission.

Sincerely,

Nathan Nickerson, RN, DrPH  
Executive Director

## On the Ground after the Earthquake: Impact in the North

While the epicenter of the January 12 earthquake was in the country’s capital, 85 miles to the south of Cap-Haitien, the impact was felt throughout the country. Konbit Sante’s in-country staff of more than 20 people are always on the ground, and some U.S. staff and volunteers joined them within one week of the earthquake to help with urgent needs and to prepare to address long-term needs. In their own words, here are some of their experiences.

### *Treating the Psychological Wounds*

*Dr. Ralph Saintfort, a psychiatrist from Rock Island, Illinois, wrote the following in letters to his colleague, Dr. Malcolm Rogers of Scarborough, Maine:*

You may have seen my post late last night about working along side two Haitian psychologists (Noesil Elise and Huandy) that I met at the local gymnasium. The gymnasium is two blocks from the Justinian. It has become a processing center triaging displaced people from Port-au-Prince. These people arrive with various needs: shelter, food, medical, and psychosocial. I have set up a makeshift mental health clinic in two areas in the gymnasium; one area for individual therapy/evaluation/acute case management, and another area for group psychotherapy. The group psychotherapy sessions are on a rotating basis for 45 minutes to an hour at each interval. I have better impact doing this, reaching more people at once. They are good patients and get the hang of it very quickly.



Dr. Ralph Saintfort (center) with family practice physician, Dr. Gena (left), conduct a radio broadcast about mental health issues.

The mood is somber among many staff members. They are overworked. No new interns or residents are coming to Justinian at this time. They were due to report to duty to Justinian in the middle of January. Those rotations have been delayed. I saw Dr. Gena and Dr. Pierre for the first time yesterday. Dr. Gena has a sister who suffered an open fracture. She is receiving treatment at a hospital outside of Port-au-Prince. He has family members that are missing, not heard of yet since the earthquake. He is good spirit, however, and very pleased to see me. I am too pleased to see him. We have set up an agenda for the week that includes local radio program discussing mental health issues related to the



earthquake and two separate sessions for group counseling for house staff and administration. They too need some intervention to process what has taken place. They are dealing with the same issues that I have encountered among those affected by the earthquake.

The system I've developed at the local gym is working quite well. The volume of people I have provided services to has increased significantly. I had several young students in a couple of groups today. They are devastated by loss of friends, family members, school, and their teachers. Many of them feel great sense of despair over their future.... no education equals more poverty. They are lost! Schools here in Cap-Haitien are still closed. I still walk daily to the hospital, but I miss the ambience of the morning rituals that you and I had grown accustomed to on prior trips; kids going to school, parents walking their kids to school, the array of colors of the school uniforms representing various schools. I am heart-broken! I walk now toward the hospital with more urgency to get to the emotionally wounded, lost, and confused. My Haiti chérie is badly battered, broken, and its people are in great need of comfort and consoling. My work here is not done.

**Dr. Ralph Saintfort** has been a clinical volunteer with Konbit Sante since 2003. He was born in Haiti and lived there with his family until he was 14. On most visits to Haiti, Dr. Saintfort and his colleague, Dr. Malcolm Rogers, typically teach a variety of psychiatric subjects to medical residents and house staff in Family Medicine and Internal Medicine at Justinian University Hospital in Cap-Haitien.

### ***Tenderness Amidst the Catastrophe***

*Eva Lathrop, MD, MPH, and volunteer chair of Konbit Sante's women's health team, writes about her first days in Haiti following the earthquake:*

Everyone is exhausted, hungry, thirsty and afraid and answer "Koman ou ye? (How are you?) with "M'vivant" (I'm alive). Everybody has their own story of tragic loss, near misses, survivor guilt, sheer, raw grief. The sadness is palpable, and the losses are unimaginable.

Many of the women we talked to from Port-au-Prince are moving out to rural towns with a friend of a friend who has agreed to take them in. They have nothing, own nothing but what they had on at the moment the earthquake struck. No money, no documents, no photos. Others are staying with family in Cap-



Dr. Ann Lemire talks with a displaced person in the temporary triage center in a local gymnasium.

Haitien in a household likely already stretched beyond what they could bear. Households that had eight people and enough food for five now may have 15 people and no additional support with the arrival of earthquake victims. Some people have lost everyone they know...and multiply what I heard by two million...it is just too much, really.

I have spent some time at nearby Fort St. Michel trying to figure out what the impact of the earthquake has been on them and their communities. It is a community of the poorest of the poor, and they are really struggling with the increased price of food and the lack of money that some were receiving from family in Port-au-Prince. The saddest part is that they KNOW that no aid will be coming their way and that the little support they received as a community, whether it was food aid or vaccine campaigns, will all be shifted to the south.

One big concern is the interruption of the ever-fragile supply chain. The World Food Program is diverting all of their food stores here to Port-au-Prince, and we don't know when they will resume food shipments to Fort St. Michel. Vaccines will also be diverted to Port-au-Prince, and the timing of resumption of services is anybody's guess. We will try and figure out how to support these programs in the immediate aftermath of

the earthquake and avoid adding to the already staggering number of victims.

I am pumping breast milk and donating it to feed two little malnourished babies in pediatrics, so that is making me feel better about leaving my daughter Bella and missing her. I struggle with missing her, with whether or not I have to right to miss her...how can I miss her and feel sad about that when I HAVE her and *li vivan, li manje, li secure* (she's alive, she eats, she's safe)? It is all very complex and intense and a bit of a roller coaster — one part business as usual, one part nothing will ever be the same. Business as usual laced with catastrophe and a wounded nation.

But truly, the most compelling part for me has been witnessing the generosity of Haitians towards Haitians — the beautiful young volunteer spoon feeding a displaced girl her age who was nearly catatonic with shock and grief, cradling her head and rubbing her cheek slowly encouraging her to chew. It took her an hour to get her to eat a plate of rice and beans, but she stayed with her and provided her the only comfort she has had in weeks. It made me cry, the tenderness, the shared innocence.

**Eva Lathrop, MD, MPH** has been part of Konbit Sante since the group's first visit to Haiti in November 2001. She is an assistant professor in the Department of Gynecology and Obstetrics at Emory University School of Medicine. As chair of Konbit Sante's women's health team, she visits Haiti frequently to teach and to work with her Haitian counterpart, Dr. Youseline Telemaque, on programs to improve maternal outcomes. Her daughter, Bella, was born in May 2009.

### ***Impact on the Youngest and the Oldest***

*Speaking of her experience in Cap-Haitien, Dr. Ann Lemire of South Portland says, "I shall not forget this experience of being in the presence of angels:"*

On Sunday, January 31, after a quick debriefing, we made our way to the Justinien Hospital. Part way there we could see the streets ahead filled with people singing and praying, all dressed in white. They were accompanied by UN tanks manned with Nepalese and Chilean soldiers who were very respectful of the crowd. I spoke to one of the women who said this march was to honor the many who had died in *l'évenement* and to thank God for sparing Cap-Haitien. We were mesmerized by these beautiful people so peacefully, gracefully displaying their faith,



Dr. Eva Lathrop (center) meets with moms in the neighborhood surrounding the Fort St. Michel Health Center to assess the health impacts of the influx of new arrivals.



thanking God for safety and praying for their dead loved ones who could not receive a proper burial.

During my regular volunteer trips with Konbit Sante I work with the pediatric section of the hospital. My Haitian colleagues, Dr. Charles, Dr. Toussaint and Dr. St. Fleur, and the dozen or so pediatric medical residents are exceptional in their clinical abilities and their devotion to the *timoun* (children). During this trip I helped them with seeing children which, once again, gave me a greater awareness of what monumental obstacles my colleagues face in their daily work.

Two days in a row, I saw a grandmother with her three-week-old granddaughter. The baby's father was killed in the earthquake and the mother is now hospitalized because of shock, and her milk supply is gone. It is bad news that this older woman will have to depend on formula. It took me more than an hour to organize formula powder, water and a 2-oz. bottle that I cleaned with water, Fab and a drop of Clorox. I then showed the grandma how to use it, and she happily fed the starving baby who ate vigorously. The baby rewarded me with peeing and pooping right through her thin cloth diaper right into my lap! She gave me the biggest smile!

One afternoon our director, Nate Nickerson, received a call from the airport saying that four patients had been dropped off by a military plane with no information as to where these patients had come from nor where they were to be delivered. Arriving at the airport with two pickup trucks, we saw that there were now six patients — four on the tarmac and two in an ambulance. They all wore pieces of tape on their shirts stating TRANSPORT and had x-rays with them, but nothing more. There was a reporter there from I know not where who kept placing his camera in the patients' faces, and it saddened me to see how these poor Haitians, while maintaining their dignity and suffering silently, were not even afforded privacy. During the 90 minutes or so it took to get more ambulances from the Haitian Red Cross and the UN, I was fixated on the starkly beautiful mountains surrounding the airport. They were layered, one set higher than the one before it, shaded in varying hues of grayish blue with a thin mist shrouding the scene, reminding me of the all too true Haitian proverb: *Dèyè mon gen mon.* (Beyond mountains there are mountains.)

While seeing patients in the gymnasium at a medical station which consisted of only two chairs facing each other, I met an elderly man, Jean, who complained of *grangou* (hunger). He moved his sweet, wrinkled face with teary eyes right close to mine as he told me about losing his daughter, who had been his caregiver and now he had nowhere to stay. He had travelled north in the hopes of finding something. I directed him to a line for a food ticket, but I'm not sure he ever got there. For the remainder of the week I saw him occupying a bench in the emergency room waiting area. I sat briefly with him one day and asked how he was doing. He merely shrugged his shoulders. I could not tell if he had gotten something to eat, so I gave him a nutrition bar which he pocketed. His face is with me still, and I wonder what has become of him and the thousands like him.

Six years ago Michael Taylor, founder of Konbit Sante, asked me to work in pediatrics with Konbit Sante. He told me that Haiti would steal my heart. With every visit that reality takes hold ever deeper and deeper. With this visit the people of Haiti have taken over my dreams and my hopes that our little organization will persevere in being a steadfast partner in creating a better life for the people of Cap-Haitien.

**Dr. Ann Lemire** is an internist-pediatrician specializing in HIV medicine who works for the City of Portland Public Health Division. She is also volunteer chair of Konbit Sante's pediatric collaboration.

### ***Surgery in an Austere Environment***

*Dr. Matt Camuso from Orthopaedic Associates in Portland made his first trip to Haiti in February with a team of orthopedic specialists. They worked shoulder to shoulder with their Haitian colleagues at Justinian University Hospital, treating victims of the*



Dr. Matt Camuso (second from right), orthopedic trauma specialist, works on a surgical case with colleagues at Justinian Hospital.

*earthquake who had been brought to Cap-Haitien:*

With my military background, I felt prepared to face most anything. In Iraq, we functioned in an austere environment, performing advanced surgery for some very complex injuries sustained in both combat and from IEDs (improvised explosive devices). Our responsibilities were to cleanse wounds and stabilize fractures preliminarily, so as to allow them to be definitively managed at a higher level of care. All of our patients were medevac'ed out of the area to either Baghdad or Balad, after which they then went on to the U.S. for final disposition.

I quickly realized that in Haiti we would find a new definition for 'austere.' The injuries were similar to those seen in wartime, comparable only to a pedestrian struck by a train in civilian trauma. But the difference was that these injuries had to be definitively managed in this setting without the resources of a major Level I trauma center. Most injuries we saw would be difficult to manage with the advanced techniques in our state-of-the-art facility at Maine Medical Center. Treatment of trauma of this severity with so few resources would be some of the most challenging work I would do in my short career.

*Speaking of how much he learned working with his Haitian counterpart, Dr. Pierre Louis, Dr. Camuso says:*

On rounds that day, I learned how to prevent decubitus ulcers on heels using a simple hospital glove and some water. Dr. Pierre Louis and I discussed the pros and cons of reconstructing a difficult open tibia fracture on a patient who was a dancer prior to the earthquake. It became clear that I was to learn as much from Dr. Louis as he would from me.

Doing surgery without fluoroscopy (real time x-ray), appropriate implants, and access to appropriate antibiotic therapies were among the challenges we were to face during the week. We were able to use much of what we brought with us for donation to the facility. Battery power drills replaced the hand drill previously used for placing screws into bone. Bovie electrocautery was made more widely available. Surgical techniques were reviewed online and on laptop computers. By doing so, relationships were built that we hope will be long lasting.



A simple hospital glove filled with water is used to prevent decubitus ulcers on heels after surgery.

No one seems to know how many orthopaedic surgeons there are in Haiti. Prior to the earthquake, there were an estimated 50 surgeons, most of whom practiced in Port. Post earthquake, however, no one knows how many native orthopods are still practicing. The orthopaedic residency program at the Justinian Hospital graduated 1-2 ortho MDs each year, but this program is no longer functioning. Long after the U.S. presence is gone, it will be the Haitians that must care for themselves. Our group and Konbit Sante recognize this fact and have made a commitment to a long-term relationship with the staff at the Justinian Hospital. We will return with additional staff from OA and MMC to work on improving efficiencies in the OR. We hope



to continue mutual education to find ways to best manage the difficult challenges faced in a truly austere environment.

**Dr. Matthew R. Camuso** is a specialist in orthopaedic traumatology at Orthopaedic Associates in Maine. Before coming to Maine, Dr. Camuso spent four years on active duty as an instructor for the Navy Trauma Training Center in Los Angeles and served in Iraq in 2004-05.

### **How Do We Begin to Rehabilitate?**

*Referring to the system in Cap-Haitien, Dr. Samuel Broaddus, urologic surgeon and long-term Konbit Sante volunteer writes:*

A medical system that was barely able to provide even basic services has now been strained beyond anything I have ever experienced working here. The Justinian Hospital, the largest hospital in the north, is busier than on my last trip. The wards are very crowded, particularly the surgical wards, 20 patients tightly packed in large rooms with no privacy. The emergency ward remains hectic; I haven't seen any ambulances, just private transports.

Many of the ward patients have severe orthopedic injuries or fractures, and some have significant postoperative wound infections following field surgery in Port-au-Prince. There are thousands of Haitians who have undergone recent amputations just like these people. How do you begin to rehabilitate an entire segment of a society, particularly in a country like Haiti? I shouldn't be asking so many questions when I know the answers involve suffering and loss on a



The crowded surgical ward at Justinian Hospital houses 20 or more patients at a time plus family members who provide care and food.

biblical scale.

My biggest fear is that Haiti will fade from the world's consciousness as it has done every time there has been a natural or political disaster in this country of more than 9 million people. This is just the beginning of an arduous road to recovery.

As a health care volunteer in Haiti, seeing the reality on the ground over the past 10 days, I am already discouraged about how long this recovery will take. It is all very personal for me; I have been

on the verge of tears for days.

What Haiti needs most is a long-term commitment from the international community, and from people like you and me, that it will not be forgotten, and that this international response will be sustained for many years and decades to come.

**Dr. Samuel Broaddus**, director of the Division of Urology at Maine Medical Center, spent ten days in Cap-Haitien during February with a seven-person surgical team. ■

## Maine-Haiti Consortium Developing Protocols for Improved Diabetes Care in Cap-Haitien

Extreme poverty, illiteracy, lack of material resources, and political instability all contribute to a high chronic disease burden in Haiti — including diabetes. "Haiti is one of the world's most challenging environments in which to improve diabetes-related outcomes," according to Dr. John Devlin, endocrinologist at Maine Medical Center and Konbit Sante volunteer. "Diabetic control is very poor for most individuals, according to our observations, and hypertension is very poorly controlled. Medication adherence is poor, and rates of complications, including lower extremity amputations, are high."

Investigators at FHADIMAC (Fondation Haïtienne de Diabète et de Maladies Cardiovasculaires) in Port-au-Prince report a prevalence of diabetes in the Port-au-Prince region of 7.4% in men and 11.1% in women. Although limited geographically, these are the best available data for Haiti.

The diabetes clinic at the Hôpital Universitaire Justinien (Justinian Hospital) receives approximately 250 patient visits each month and is staffed by a full-time registered nurse and internal medicine resident physicians, all supervised by Dr. Michel Pierre; Konbit Sante staff member and internal medicine residency program director. According to Dr. Pierre, patients present to the clinic in late stages of disease, almost always having run out of their supply of medications long beforehand. Insulin supply is limited and, for most patients, unaffordable even when available. Lack of electricity in the home presents an additional challenge for insulin storage.

With a two-year grant from the

International Diabetes Federation's BRIDGES (Bringing Research in Diabetes to Global Environments and Systems) program to Maine Medical Center, a consortium of physicians and researchers, under the direction of Dr. Devlin, are developing a diabetes treatment program that will deliver the three most cost-effective interventions in developing countries: blood sugar control, blood pressure control, and foot care in high-risk individuals. Culturally appropriate educational materials will be developed and provided to providers and patients, along with effective treatment plans, appropriate to the resources and context. Community Health workers will also support patients in the community to improve success.

The program will begin June 1, and the implementers will include John Devlin, MD, FACP; Nathan Nickerson, RN, DrPH; Michel Pierre, MD; Philippe Larco, MD, epidemiologist with FHADIMAC in Port-au-Prince; Nancy Charles-Larco, MD with FHADIMAC in Port-au-Prince; and Nananda Col, MD from Maine Medical Center Research Institute.

In anticipation of the official June 1 start date, Dr. Meghan McInerney, third year resident

in Internal Medicine at Maine Medical Center, has taken an important first step, working in Haiti with her counterparts at Justinian Hospital to create treatment algorithms and a flowsheet for patient charts that will allow tracking of clinical outcomes.

Speaking about the potential impact of this program, Konbit Sante executive director Nathan Nickerson says, "It is not always well-recognized, but a disease such as diabetes can be as difficult to manage as HIV in a resource-poor setting such as Haiti, and as lethal to the person suffering from it. Our hope is that lessons learned here will not only strengthen the health system in Cap-Haitien and benefit the recipients of care, but also will be applied in other similarly challenged places." ■



Dr. Meghan McInerney (left) presents the diabetes care plan to internal medicine interns and residents at Justinian Hospital during a March, 2010 visit to Haiti. Alongside are Dr. Hyppolite Barrere, third year resident in Internal Medicine (center) and Dr. Lucien Moise, second year internal medicine resident.